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LETTER TO DR. BARRY.



*Letter to D. BARRY, M.D. Member of the Central Board of Health in  
London, &c. &c. on the Character and Treatment of Cholera.*

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London, November 29, 1831,  
26, Poland-Street, Oxford-Street.

Dear Sir,—After all I have read on the subject of malignant cholera, and after having paid particular attention to the character of the disease, it struck me very much how remarkable was its resemblance to that *class* of diseases so well described by *Torti*, in his valuable work entitled “*Francisci Torti Mutinensis Therapeuticæ Speciales ad Febres quasdam Perniciosas inopinato ac repente lethales, una vero China China, peculiari methodo ministrata, sanabiles;*” which was published, for the first time, in 1709.

Speaking of the character of those fevers, *Torti* says, “The pernicious intermittent, more especially that wearing the tertian form, kills about the beginning of the paroxysm, when it is accompanied with violent bilious vomiting and purging of bilious humours, equally vicious both in quality and quantity, being sometimes clear, at others coloured, and occasionally of inspissated greenish bile; to which vomiting and purging are added, hiccup, a hoarse sonorous voice, hollowness of the eyes, pain of stomach, small sweat upon the forehead, weak pulse, and cold or livid extremities—in one word, all the symptoms which usually mark *cholera morbus*; from which, however, this, as it were, *choleric affection*, is to be distinguished, since it is a mere symptom of the fever, the period of which it follows, as a shadow does a body.”

These pernicious fevers he distinguishes into different species, according to the peculiarity of their symptoms, and I was much surprised in reading the two following descriptions of what he

calls “*febris perniciosa cholericæ.*” At the fourth, or, unless I am deceived, the fifth accession, such violent, frequent, and copious vomiting supervene, together with purging of bilious, serous, and corrupted matters, at very short intervals, that the patient becomes almost exhausted, universally chilled, lies supine, as though unable either to sit erect or turn on either side, with a pulse almost abolished, sunken eyes, hiccup, and difficult breathing.—“The wife of B. G., after having suffered from two paroxysms of a simple tertian, in which pain in the bowels, vomiting, and diarrhœa were such prominent symptoms that their intermittent character was almost overlooked, sustained a third attack still more severe, accompanied with acute pain in the stomach and intestines, constant vomiting, purging of immense quantities of watery fluid; in consequence of which she became cold and pulseless, with a mortal pallidity of countenance, sunken eyes, pinched nose, and collapsed temples. Her disease was regarded by every one as choleric, and her state was considered hopeless. I was, however, sent for, and, upon examination, found the patient almost destitute of pulse, scarcely able to speak, complaining much of intestinal pain, and so cold that I was wholly unable to decide whether the disease were fever or ordinary choleric.”

Then, as to the cause of the irregular appearance of these pestilential fevers, he says, “These fevers, however, are, comparatively speaking, less frequent than the mild intermittent; so much so, that, in some years, physicians of respectable practice, have no opportunity of witnessing them. At the same time, however, I dare say, that, in some close states of the atmosphere,

more especially near the dog-days, and after the autumnal equinox, they are so prevalent as to appear almost *epidemic*."

No direct mention of pernicious agues is made by preceding writers, with the exception of Ludovicus Mercatus, first physician to the Kings of Spain, who has given an accurate description of the nature and treatment of pernicious tertians. To give you a proof that the class of diseases described by Mercatus is quite the same with that which Torti depicts, let me transcribe the following passages from that author:—

"There is a certain pernicious tertian which simulates the character of an ordinary tertian ague, but is most fatal, and complicated by many most perilous symptoms." Then, dividing these fevers into different species, according to the peculiarity of their symptoms, he says; "the third form arises from the depravity of the humours, not from their putrescency, in consequence of vicious food, which is also the cause of *cholera morbus*, a disease that *very frequently lapses into pernicious fever*, as Valerius very properly asserted; or it depends upon that fervent and depraved habit of body which glutinous and vitiated bile produce."

Many other points of resemblance with the present malignant cholera may be seen in Torti's Book, *lib. ii.* which is a complete commentary on Mercatus; till, at last, in the eighth chapter, he takes up from the celebrated English author, Richard Marton, the following passage. "When the febrile poison possesses an emetic as well as a cathartic nature, the patient is affected with frequent vomiting and purging; and unless its virulence is counteracted during the first stage of the fit, *cholera morbus* is formed, and the fever progresses without manifesting itself either by the *pulse*, the *temperature*, or the *urine*. In the meantime the stomach or bowels, or both, mortifying from the intense acrimony of their contents, the patient either rapidly yields to his fate, or, after a few deceitful respites, the same cruel and fatal symptoms re-appear in a more aggravated form at the next paroxysm, unless, by a seasonable exhibition of the specific antifebrifuge, they are dissipated."

And, lest periodicity, which all these quotations refer to, might be supposed to indicate the dissimilarity of these affection to malignant cholera, I beg to

refer you again to Morton's authority. "Among (says he) the innumerable symptoms attending these fevers, there is none which may not rise to a great height, endangering the life of the patient, so that *typhus fever* (masked in its stages of cold, heat, and sweating) supervenes, rendering it impossible to be distinguished by the *urine*, *temperature*, *pulse*, or indeed any other means; but, concealed under the appearance of cold, vomiting, diarrhoea, *cholera morbus*, colic, or other disease, not unfrequently mislead the physician. These symptoms, indeed, may be plied with the ordinary remedies, but in vain; for, after the first accession, the following exacerbation approaches, with symptoms either equally or more severe; so that, like the stone of Sisyphus, the physician labours to no purpose, and the patient pays the penalty of his attendant's ignorance or inattention by the sacrifice of his life."

In addition to Morton's authority on this point, if Torti's work be consulted, many sentiments of a similar nature will be found.

But now comes, after all, the most important point for your consideration. What is the method of treatment in this class of diseases? As you may have already seen from Morton's last extract, the *anchora sacra*, on which we must rely for curing them, is bark, as may be seen by the following passage from Torti's work, *lib. ii. cap. i.*

"Indeed, without any feeling of partiality, or without laying any stress upon my peculiar views, which I consider of small moment, I look to *bark* to rescue my patients from a destruction which, under any other treatment, is inevitable, but which I can promptly and effectually prevent by means of this agent. And it is useless to ask, whether, in cases of danger threatening death, the cause of the ague be wholly or partially removed, and whether the cure be only palliative or permanent, since he that is in *articulo mortis* is rescued from destruction in whatever way his cure may be effected. If this object can be attained, I leave the *modus operandi* of my remedy for others to explain. When I can obtain a safe and certain cure in all cases, even the most hopeless, by a timely employment of *Peruvian bark*, I pass over all theories without respect, believing them to be very generally deceitful.

From all this it appears, that the point of importance is, to give *bark* as soon as we can, and in *large quantities*. Torti himself being ill with one of these fevers, says, “*me metipsum . . . . . epotis uno haustu six drachmis illius (Cortieis) a morte imminente illio evasi, et etiam nunc vivo, et etiam nunc scribo,*”—lib. i. cap. i. We employ in general the bark in those diseases in Italy, in doses of two or three drachms every second hour, or more, and oftener, according to the severity of the symptoms. Sometimes it is given in tincture, equivalent in strength to that dose of the *powder*, and it has been thrown up into the *rectum* in the form of *injection*, when the dose requires to be very large and frequently repeated. Morton mixed sometimes bark with a certain quantity of laudanum when there were vomiting and profuse purging. We use the same method, and I found it very beneficial in two cases of that kind which occurred to me in Italy. The best vehicle for bark in this instance is wine and water, or what is better, in my opinion, cinnamon water. I should object to the use of the sulphate of quinine because I tried it once, and it partially failed. Morton, in certain instances, bled his patient to relieve the circulation, and then he gave bark.

Having deemed these facts of considerable importance, and having now taken the liberty of laying them before you, I beg to ask first, whether you think that the *malignant cholera of our days* belongs to the same *class* of diseases which was seen by Mercatus in Spain, by Torti in Italy, and by Morton in England; and, secondly, if you think that bark ought to be fairly tried in cholera, *according to Torti's method*?

As bark has been since Torti's time considered as an *infallible* remedy in these *febres perniciosæ*, I dare say, that the same drug might be found of some efficacy in cholera, if *judiciously* administered.

You must not, dear sir, however, think me either presumptuous, or as pretending to the possession of a *specific* for this dreadful scourge; and may I request, that after you have directed your attention to what I have written on this matter, you will have the kindness to send me your opinion on the points which I have now submitted to your notice.

Believe me always truly yours, &c.

C. NEGRI, M.D.

As my object throughout the preceding letter has been to direct the attention of the Medical Board to facts, statements, and authorities, which did not appear to me to have received sufficient notice, I have refrained from enumerating the narrative with any observations of my own, either by way of corroboration or of commentary. But as Torti's views on this subject are not generally known in this country, I may, perhaps, be excused for laying this letter before the profession with a few explanatory remarks. I am not ignorant that some writers of the present day have taken a very similar view of the nature, and have proposed a very similar treatment, for the cure of malignant cholera with those which I have now been giving. I am aware that Mr. Searle's theory of this disease is not essentially different from that entertained by Torti, and I believe that had he known Torti's works on Pernicious Fever, he would have acquiesced in most of the sentiments of that author. Mr. Searle notices the great resemblance of malignant cholera to intermittent fever; but speaking of the stage of re-action, he compares it to the congestive typhus of this country. Not having yet witnessed any cases of malignant cholera, I cannot positively object to the justice of this comparison; but I am quite certain that these pernicious fevers differ from the congestive fever of England in more respects than one. The pernicious fever seizes the patient suddenly, when in apparent health; it more or less assumes the intermittent form, the intermission varying, however, very much in length, and occasionally being so incomplete as to be almost imperceptible; it seldom presents at any periods of its course symptoms of re-action; it is uniformly fatal if left to itself; and, when properly treated, its disappearance is almost quite as rapid as its progress, if neglected. In all these respects, and in others unnecessary to mention, these two affections are essentially different; and I think it will be allowed, that when compared in these points with spasmodic cholera, the *febris perniciosa* of Torti, is not extremely dissimilar. I have seen several cases of this fever, and although their symptoms somewhat varied, their general character is so peculiar, that when it is once witnessed, it can never be again forgotten. It usually commences with the ordinary



symptoms of a single tertian or quartan ague in a severe form. The second paroxysm is invariably much more malignant than the first, and the disease is so strengthened at every new fit, that the third or fourth is in general quite sufficient to destroy life, if the proper remedies be not had recourse to. Occasionally it wears the form of a double tertian, or quotidian, with *accessiones subintrautes*, as the old writers would say, and with such imperfect intervals, that its periodical character may be very easily overlooked. There is no subject on which opinion is less divided, at least in Italy, than that of the treatment of these pernicious agues. Since Torti wrote, no one thinks of employing any other remedy, in the first instance, than bark, in large doses; and the only point of difficulty to be considered by the practitioner is the recognition of the disease, for it not unfrequently stands in hazard of being confounded with diseases of a different character. I was in the habit of mixing an ounce of bark with a drachm of laudanum for a dose, which was given at the first appearance of the disease, and was repeated at intervals, proportioned in length to the intensity of the symptoms. Mr. Annesley, I am aware, has employed bark in India, and Pempireff in Orenburg, but rather as a tonic, in the advanced stage, than with any more curative or active view. The sulphate of quinine has also been tried in Petersburg, but with the same view; and Mr. Searle has given this salt with advantage, but towards the close of the disease.

There are several reasons, however, for objecting to the use of this form of the bark, at least in preference to the common powder. In the first place, cinchona, besides a certain quantity of quinine and cinchonine, contains some other principles of an astringent nature, which may render it more suitable for a disease, in which the mucous lining of the alimentary canal is in a state of extreme excitement. Secondly, I apprehend it has not been given in sufficiently large doses, nor early enough in the disease. Lastly, I have tried it, and its success has not been by any means so complete as that which followed the employment of the bark in a simple state.

Towards the close of the summer of 1821, when in Italy, I was requested to see a lady of a delicate constitution, and

about 50 years of age. She was labouring under the symptoms of a *febris perniciosa dysenterica quotidiana*;—cold shiverings; profuse evacuations from the bowels; nausea, but not vomiting; tongue pale, but moist; small, weak pulse; cold, clammy perspiration. She was so weak, that *delirium animi* occurred at almost every stool. Towards evening, these symptoms wholly ceased to re-appear on the following day, with increased severity. After the second fit had made me certainly acquainted with the nature of the malady, I lost no time in having recourse to the bark; but as the sulphate of quinine was then coming into notice, I thought proper to employ it. I do not exactly recollect the dose in which it was exhibited, but it was given in the form of pills, at short intervals. No paroxysm occurred on the day following its first employment, but a fit took place the day after, only in a mitigated form. The simple powder was now substituted for the salt, and the patient was speedily cured.

From the result of its action in this case, together with the reasons above given, I have been induced to suspect, that in cholera, where there are copious evacuations from the bowels, the sulphate of quinine may not only aggravate that symptom, but be carried off before the necessary effect has been produced upon the system. These consequences I do not apprehend from the pure bark, either in the form of powder or tincture; more especially where it is combined with opium or laudanum. The only reasonable objection which occurs to me against its applicability in cholera, is the extreme rapidity of this disease, and the very short period which it allows the practitioner for the employment of any remedy. In many instances, however, its course is less rapid, and I do entertain great hope that it will be found highly beneficial in these, if not in all cases. In this opinion I am the more encouraged since I have read, in the Morning Herald of the 1st instant, that Dr. Barry, at the public meeting held on the 26th of October, at Newcastle, admitted that “there was more analogy between it (malignant cholera) and the worst forms of tertian ague, or intermittent fever, than between it and the ordinary cholera of this country.”

To give some idea of the extreme seve-

rity of the cases in which Torti successfully employed the bark, I beg leave to condense from that author's work the two following histories of the *febris algida perniciosa*; some points of difference will be discovered between them, but these, in no degree, affect their essential features, which in both are precisely the same. "When I reached the patient, he had been several hours labouring under the disease. I found him universally cold as marble, with the pulse altogether, if I may so say, absent, breathing laboriously, and having a leaden-coloured countenance. There was some torpor, but no confusion of intellect (*he never mentioned delirium*), and his urine was secreted in a small quantity. . . . I prescribed the bark in large doses. A gentle heat soon pervaded his entire frame; the pulse gradually returned; the respiration became natural; the face lost its leaden hue; the urine was secreted in its ordinary quantity, and in three days he was quite recovered." Lib. iv. cap. iii.

In the second case, Torti found the patient "quite altered in countenance, and as exhausted in strength as though he had been confined with illness for two months. On endeavouring to take the number of the pulse it could not be perceived; the skin was universally cold as marble; the urine was scanty, but highly coloured; the eyes were vivid,

and unusually glistening; there was little thirst, and the mind was quite clear, but depressed; the patient saying, '*jam sentio me mori.*'"—Id. The bark was given in large doses, and at short intervals, in the usual way; every unfavourable symptom gradually declined in a few days, and ultimately vanished. In the fourth book of Torti's work, he relates very many similar and equally interesting histories of this pernicious form of ague; but as we trust enough has been already said to shew the striking resemblance of this affection to malignant cholera, and its perfect manageability under Torti's treatment, we shall leave the profession to peruse the author at their convenience, with this concluding observation—that the circumstance of Torti, Morton, and Mercatus, being somewhat less modern writers than some might wish them, cannot in the least detract from either the value of their experience or the veracity of their testimony. Facts are unchangeable things, which neither time, nor place, nor circumstances, can alter; and, although I do not pretend to say that the oldest writers are the best, much of the value of many of our modern publications, and much of the distinction of many of our living authors, are derived from works and writers now almost equally forgotten.

